

NATIONAL Assessment Centre Services

Part 1 Jan 05

MNA 120021756

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 18/12/20 10:58 | Job description | Date & Time Completed | Done by |
| Ref No: MNA/CT2 2000279114 | SAS e-filing | | |
| Veh No: YL 5354L | E-mail (within 3hrs, AIC 2hrs) | | |
| IPFA: 17/12/20 07:30 | I-Motor Claim Form | | |
| Old IP: Repairing Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| IP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whsp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: (| Fax: (|
| IP Particulars: | Veh No: SH 6051X | INC () / Non-INC () |
| Owner / Driver: (| Tel: (| |
| Policy No: (| Period: (| Cover Type: (|
| Confirmed by: (| Date: (| Time: (|
| Insured/Driver Liability: (| % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 80-100%] | |
| Year of Registration: (| Warranty: YES () / NO () | |
| Excess: (\$ | Loading: \$1,000 () / \$2,000 () | |

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolter.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

| | | |
|---|-------------------------|---------|
| Remarks: (INC Nonline 6/11/06/16) | Date and Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Action |
|-----------|--------|
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|--------------|---|-------------|----------|
| Comments Particulars: | MA 2000 1447 | Invoice Registration Checklist | Amo (\$) | Amo (\$) |
| Driver/Owner: | | 1) All: Accident Reporting (\$30) | 30.00 | |
| Contact No: | | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Damaged Portion: | | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | | 4) PT: Follow-Through Survey \$120 | | |
| | | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | | For claiming against INC Only (w/c 10 Jan 2005) | | |
| | | 6) TR: Re-inspection \$75 | | |
| | | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | | 8) NTUC Additional Services:- | | |
| | | ON: | | |
| | | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | | *N6: Repair Co-ordination \$10 | | |
| | | *N7: Post Repair Inspection \$25 | | |
| | | *N8: DV / Collect Excess Coordination \$3 | | |
| | | TP (N11): TP (Non INC) against INC \$20 | | |
| | | 9) N12: Idao Mobile \$0 | | |
| | | Invoice dated | Fee Charged | |
| | | Invoice dated | Fee Charged | |

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------------------|
| Date Of Report | 18/02/2020 10:58 |
| Date Of Accident | 17/02/2020 07:30 |
| Exact Location Of Accident | JUNC OF KEPPEL RD & ANSON RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | YL5354L |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S E.N.S. ELECTRICAL ENGINEERING PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68443911 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FE639ETOSRDE |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| Vehicle Category | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | DMCVSN3022801900 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE KWOK HONG |
| NRIC No | SXXXX124I |
| Date Of Birth | 30/05/1953 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 06/06/1984 |
| Driving Experience | 35 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93848768 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 123E RIVERVALE DR #10-103 |
| Postcode | 545123 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 12 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 4 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 5 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 6 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 7 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 8 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 9 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 10 | NAME: : UNKNOWN GENDER: : MALE |

Passenger 11

NAME: : UNKNOWN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

PAYA LEBAR NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270 , POSTCODE: 530114 ,
COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH6051X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver HAM TAI WONG

NRIC/Passport Number SXXXX412Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YL5354L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YL5354L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YL5354L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 4

Name UNKNOWN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? YL5354L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

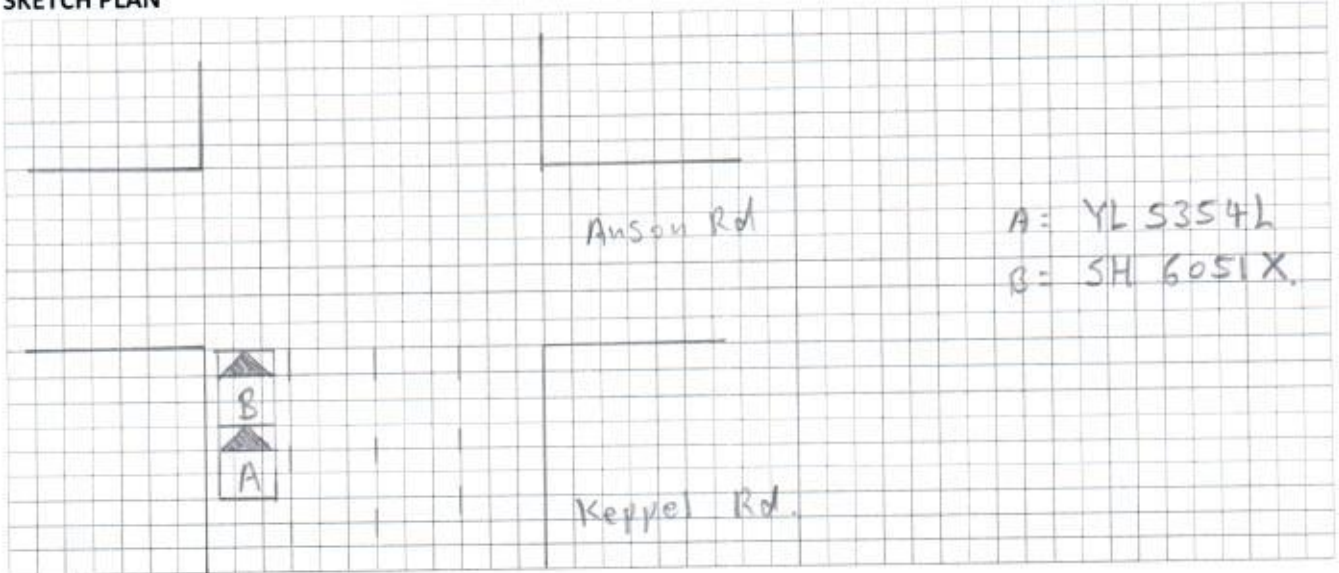
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Keppel Rd. while approaching Junction with anson Rd. the light from ~~was~~ green turn to ember light. Suddenly the taxi jammed brake. I manage to stop but cannot stop in time. As the result, my lorry hit onto the taxi rear portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Lee Kwok Hong (H/P: 93848768), NRIC: S0113124I has reported to the Police a non-injury traffic accident which occurred at the traffic junction along Keppel Road on 17/02/2020 at 0730hrs involving the following vehicles:

- 1) YL5354L (Complainant(Driver)) – Blk 123E Rivervale Drive #10-103 Singapore 545123)
 - 2) SH6051X (Taxi Driver – Ham Tai Wong, S0055412Z, Blk 174C Edgedale Plains #09-179 Singapore 823174, H/P: 96344012)
- 2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) T180212 Peter Goh

Date: 17/02/2020

Time: 1407hrs

S/D Ref: 8

Police Post/Unit: Paya Lebar NPP

PM
PAYA LEBAR NPP
BLK 114 HOUGANG AVE 4
SINGAPORE 530114
TEL. 1800-2899998

Original – to be issued to informant
Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

PM
Lee Kwok Hong

ACCIDENT STATEMENT

ACCIDENT DATE: (17 / 2 / 20) (DD/MM/YYYY), TIME: (7 : 30) (HH:MM)

LOCATION: Junc of Keppel Rd & Anson Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YL 5354L
 b) INSURANCE COMPANY: CTZ
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: M/S EMS Electrical Engineering Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 68443911
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Kwok Hong (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 9384 8768
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) - one worker 4 worker.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Paya Lebar NPP.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 6051X MODEL: _____
 b) DRIVER'S NAME: Ham Tai Wong
 c) NRIC/FIN/PASSPORT: S 00554122 CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (Including driver)
 (12)
 /
 M.

*No of passenger
 (Including driver)
 ()

*No of passenger
 (Including driver)
 ()

Email =

fax =

VIDEO = No.

CERTIFICATE OF INSURANCE

Servicing Agent:

Cowell Insurance Agency

Pte Ltd | tel..6339 2592

Trivex @ 8 Burn Road #09-09

contactus@cowell.com.sg

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSN3022801900

Engine No :4D34J47743

Chassis No:FE639EA44738

1. Index Mark and Registration
Number of Vehicle

YL5354L

2. Name of Policy Holder

M/S E.N.S. ELECTRICAL ENGINEERING PTE LTD

3. Effective date of the Commencement of Insurance for
the purposes of the Regulations, Ordinance or Enactment

11 MAY 2019

4. Date of Expiry of Insurance

10 MAY 2020

5. Persons or Classes of Persons entitled to drive *

ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR
REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A
COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.

6. Limitations as to use: *

- (1) USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
- (2) USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE
POLICYHOLDER'S BUSINESS.
- (3) USE FOR SOCIAL, DOMESTIC OR PLEASURE PURPOSES.

THE POLICY DOES NOT COVER.

- (1) USE FOR HIRE OR REWARD OR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED TESTING.
- (2) USE WHILST DRAWING A TRAILER EXCEPT THE TOWING OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

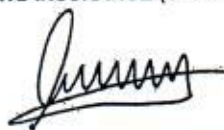
** Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.*

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles
(Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia). Please see reverse
For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.



Countersigned By:

Authorised Officer



Authorised Signatory